

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-025068

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

209

3043

211

FILED JUN 17 1963

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Ill</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside separate limits, give TOWNSHIP only) <u>Hannibal</u>		c. CITY OR TOWN <u>Hull</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>St Elizabeth Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>Hull, Ill</u>	
3. NAME OF DECEASED (Type or print) <u>Laraine Bradshaw</u>		4. DATE OF DEATH <u>June 6, 1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Apr 9, 1904</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life; even if retired) <u>Carpenter</u>	9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (Last birthday) <u>59</u>	
10a. BIRTHPLACE (City and state or country) <u>Bary, Ill</u>		10b. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11a. FATHER'S NAME <u>Ray Bradshaw</u>		11b. MOTHER'S MAIDEN NAME <u>Bessie Stevens</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, give war or dates of service) <u>No</u>		12b. SOCIAL SECURITY NO. <u>116</u>	
13a. NAME OF HUSBAND OR WIFE <u>Louise Bradshaw</u>		13b. ADDRESS <u>Hull, Ill</u>	
14. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial infarct, acute.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary sclerosis severe</u>		1 year	
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>11:45 P</u> Month, Day, Year <u>6-6-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Hull, Ill</u>	
21. I attended the deceased from <u>7-18-62</u> to <u>6-6-63</u> and last saw her alive on <u>5-31-63</u>		21b. ADDRESS <u>115 N. 5th St. Hannibal, Missouri</u>	
21c. DATE SIGNED <u>6-10-63</u>		21d. SIGNATURE <u>Ray Bradshaw</u>	
22a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	22b. DATE <u>June 9, 63</u>	22c. NAME OF CEMETERY OR CREMATORY <u>St. Elizabeth's</u>	22d. LOCATION (City, town, or county) (State) <u>Hull, Ill</u>
22e. FUNERAL DIRECTOR <u>Black Funeral Home - Hannibal, Mo</u>		22f. DATE RECD. BY LOCAL REG. <u>June 11-1963</u>	
22g. REGISTRAR'S SIGNATURE <u>Wm. M. Lusk</u>		22h. ADDRESS <u>Hannibal, Mo</u>	

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

VS 300
Rev. 4/59

1 6648

2 68120

3

4 0

5 1

6

7 1

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9 94201

10

11

12 92-0

13 1-0

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Emballer's Statement on Reverse Side)

800280-808

RECEIVED

2483

2980

2

1

1

2

4201

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Raymond Clark

Licensed Embalmer No. 4217

P. O. Address *Hammond*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit received 6/11/63